| 1. PLACE OF BIRTH  | RIZONA STATE BOARD OF HEALTH  | 199  |
|--|---|--|
|  | BUREAU OF VITAL STATISTICS  | State File No.   |
| County Miles   | STANDARD CERTIFICATE OF BIRTH   | Registered No. 4   |
| Township   | State (   | mana   |
| city france in   | No. Or Village  | E.   |
| 2. Full name of child.   | (If birth occurred in a hospital or ipstitution, give its                           | NAME instead of street and number                              |
| 3. Sex If plural 4. Twin, triple   |   | child is not yet named, mak<br>supplemental report, as directe |
| 5. Number, in  | order of birth Full termiles mate 7.  | 8. Date of 9/12/3/4  |
| 9. Full PATHER   | 18. Full Magdall  | MOTHER A   |
| 10. Residence (usual place of abode)   | name I  | na Jolava  |
| (11 Rolliesident, give place and State)  | 10. Residence (usual place of (if nonresident, give place                           | abode) Hayden  |
| 11. Color or rage 12. Age at last b  | Instant 23 m . I as as Ch I i   | Age at last birthday 25(Years                                  |
| 13. Birthplace (city or place)   | 22. Birthplace (city or place).   | Tairling   |
| (State or country)   | (State or country)  | - On-  |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, atc                  | 23. Trade, profession, or par<br>of work done, as hour<br>typist, nurse, clerk, etc | irticular kind sekeeper,                                       |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc                            | 24. Industry or business i work was done, as ow lawyer's office, silk mil           | n which  |
| 16. Date (month and year) last !   | i X   25, Data (month and area)   |  |
| -  | ent in this work  | ork 26. Total time (years)                                     |
| 27. Number of children of this mother  | id) (a) Born alive and now living. 3 (b) Born alive but                             |  |
| 28. If stillborn,  | (b) Born alive and now living. (b) Born alive but i                                 | now dead(c) Stillhorn  |
| period of gestation  | . Cause of stillbirth   | Before labor   |
| CERTII   | FICATE OF ATTENDING PHYSICIAN OR MIDWIFE  | 46 During labor  |
| I hereby certify that I attended the bir<br>When there was no attending physicis                             | th of this child, who was Born allve or stillborn                                   | m. on the date above stated                                    |
| When there was no attending physicial or midwife, then the father, householde etc., should make this return. | (Signed)  | melos.   |
| ven name added from supplemental report. (Date of)   | 781 07  | Midwife  |